

# 2006 I.S.P. YOUTH SERVICES CAMP APPLICATION



**INSTRUCTIONS FOR PARENTS/GUARDIANS:** (1) **Print Clearly** and complete all information in ink. (2) Application must be received **2 weeks** before camp begins. (3) No “walk-ons” will be accepted. (4) Please check the camp attending. (5) Requests for refunds are considered only when received in writing two weeks prior to camp starting. Twenty percent of the camp fee is **NON-REFUNDABLE**.

**PARENTS/GUARDIANS ARE RESPONSIBLE FOR TRANSPORTATION TO AND FROM CAMPS.**

Name				Camp #	Grade
Address				Shirt Size (Adult Size)	
City		State	Zip	County	
Phone Number with Area Code			Emergency Contact & Phone Number with Area Code		
Birth Date	Age	Male <input type="checkbox"/> Female <input type="checkbox"/>	Sponsor Name & Phone Number with Area Code		Check #
Parent/Guardian E-mail Address					
<b>KIWANIS CAREER CAMPS (FEE - \$170)</b> Campers Entering 9 <sup>th</sup> – 12 <sup>th</sup> Grades			<b>LIONS LAW CAMPS (FEE - \$95)</b> Campers Entering 7 <sup>th</sup> – 8 <sup>th</sup> Grades		
<input type="checkbox"/> 1. Vincennes University – Boys Only July 9 – 14 <input type="checkbox"/> 2. St. Joseph's College – Girls Only June 25 – 30			<input type="checkbox"/> 3. Vincennes University – Co-ed June 21 – 24 <input type="checkbox"/> 4. Anderson University – Co-ed July 5 – 8		
<b>OPTIMISTS RESPECT FOR LAW CAMPS Co-Ed (FEE - \$75)</b> Campers Entering 5 <sup>th</sup> & 6 <sup>th</sup> Grades					
<input type="checkbox"/> 5. Hanover College – June 15 - 17 <input type="checkbox"/> 6. Vincennes University – June 15 - 17 <input type="checkbox"/> 7. Anderson University – July 13 - 15					
<input type="checkbox"/> 8. University of Southern Indiana – June 8 - 10 <input type="checkbox"/> 9. University of Indianapolis – July 27 - 29 <input type="checkbox"/> 10. University of Notre Dame – July 27 - 29					
<b>PARENTAL CONSENT:</b> As a parent or court appointed guardian of the applicant, I assume all risks and liability pertaining to any activity whatsoever, and wherever located, and permit the use of my child's likeness in camp promotional publications, pursuant to the program and hereby release from any such liability, the Indiana State Police and ISP Youth Services, that may arise due to participation in the ISP Youth Services programs.					
X _____ <i>(Parent or Guardian Signature)</i>					
<b>MEDICAL INFORMATION IN THIS AREA MUST BE COMPLETED</b> As a parent or court appointed guardian of the applicant, I understand first aid will be available at the camp and campers will be closely supervised. If a serious injury/illness develops, medical and/or hospital care will be given. I further understand in case of serious injury or illness, I will be notified. If it is impossible to reach me, I give permission for emergency treatment or surgery as recommended by the attending physician. As a parent or guardian, I assume all responsibility for medical cost incurred as the result of sickness or injury.					
X _____ <i>(Parent or Guardian Signature)</i>					
Insurance Carrier		Policy Number		Phone Number with Area Code	
List <b>ALL</b> medical conditions/medications: _____					

**Only Checks or Money Orders Will Be Accepted (PLEASE DO NOT SEND CASH)**

Make Checks/Money Orders payable to: Indiana State Police Youth Services  
 8500 East 21<sup>st</sup> Street, Indianapolis, IN 46219 Phone 317-899-8293 or Toll Free 888-477-9688